



General Assembly

Amendment

February Session, 2006

LCO No. 5326

HB0518905326HDO

Offered by:

REP. O'CONNOR, 35th Dist.

SEN. CRISCO, 17th Dist.

To: House Bill No. 5189

File No. 208

Cal. No. 148

**"AN ACT CONCERNING STANDARDS IN CONTRACTS BETWEEN
HEALTH INSURERS AND PHYSICIANS."**

1 Strike lines 1 to 60, inclusive, in their entirety and substitute the
2 following in lieu thereof:

3 "Section 1. (NEW) (*Effective October 1, 2006*) (a) As used in this
4 section: (1) "Contracting health organization" means (A) a managed
5 care organization, as defined in section 38a-478 of the 2006 supplement
6 to the general statutes, or (B) a preferred provider network, as defined
7 in section 38a-479aa of the general statutes; and (2) "physician" means a
8 physician or surgeon, chiropractor, podiatrist, psychologist or
9 optometrist.

10 (b) Not later than October 1, 2007, each contracting health
11 organization shall establish and implement a procedure reasonably
12 designed to permit a physician, physician group or physician
13 organization under contract with such contracting health organization
14 to view, on a confidential basis, in a digital format or by electronic

15 means, at the option of such organization, the fee-for-service dollar
16 amount such organization reimburses pursuant to the organization's
17 contract with the physician, physician group or physician organization
18 for the fifty current procedural terminology codes most commonly
19 performed by the physician, physician group or physician
20 organization.

21 (c) The procedure established by a contracting health organization
22 shall also permit a physician, physician group or physician
23 organization to request and view fee-for-service dollar amounts the
24 contracting health organization reimburses for current procedural
25 terminology codes for which a physician, physician group or physician
26 organization actually bills or intends to bill the contracting health
27 organization, provided such codes are within the physician's specialty
28 or subspecialty.

29 (d) The provisions of subsections (b) and (c) of this section shall not
30 apply to any physician, physician group or physician organization
31 whose services are reimbursed in a manner that does not utilize
32 current procedural terminology codes.

33 (e) The fee information received by a physician, physician group or
34 physician organization is proprietary and shall be confidential, and the
35 procedure adopted pursuant to this section may contain penalties for
36 the unauthorized distribution of fee information, which may include
37 termination from the contracting health organization network.

38 Sec. 2. (NEW) (*Effective October 1, 2006*) The chairpersons and
39 ranking members of the joint standing committee of the General
40 Assembly having cognizance of matters relating to insurance shall
41 convene, at least two times each year, a group of physicians and
42 managed care organizations, to discuss issues relative to contracting
43 between physicians and managed care organizations, including issues
44 relative to any national settlement agreements, to the extent permitted
45 under such settlement agreements."